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## BIB DATA SHEET

CONFIRMATION NO. 4598

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/536,862	05/27/2005	604	3763	175.8163USU		
<b>RULE</b>						
<b>APPLICANTS</b> Jan-Christoph Wollmann, Bad Kreuznach, GERMANY; Dorothee Schliephake, Mainz, GERMANY; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP03/12894 11/13/2003 <b>** FOREIGN APPLICATIONS *****</b> GERMANY 202 18 493.5 11/28/2002 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 04/14/2006						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/NATHAN R PRICE/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWINGS</b> 2	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> OHLANDT, GREELEY, RUGGIERO & PERLE, LLP ONE LANDMARK SQUARE, 10TH FLOOR STAMFORD, CT 06901 UNITED STATES						
<b>TITLE</b> Device for producing medicinal foam						
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		